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CONFIRMATION NO. 3949

SERIAL NUMBER 10/721,742	FILING OR 371(c) DATE 11/26/2003 RULE	CLASS 514	GROUP ART UNIT 1614	ATTORNEY DOCKET NO. NOZAKI8.1A
APPLICANTS Masako Nozaki, Sapporo-shi, JAPAN; <i>[Signature]</i>				
** CONTINUING DATA ***** This appln claims benefit of 60/496,677 08/21/2003 and claims benefit of 60/429,558 11/29/2002 <i>[Signature]</i>				
** FOREIGN APPLICATIONS ***** JAPAN 142759 05/20/2003 <i>[Signature]</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 03/10/2004				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY JAPAN	SHEETS DRAWING <input checked="" type="checkbox"/> 6	TOTAL CLAIMS <input checked="" type="checkbox"/> 24
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>	INDEPENDENT CLAIMS <input checked="" type="checkbox"/> 4			
ADDRESS 001444				
TITLE Method of treating or inhibiting the development of brain inflammation and sepsis				
FILING FEE RECEIVED 529	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	